

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2003 8:00 am
Secretary of State

MIRAMAR AV

03-17-2003 90705 041 ***150.00

DOCUMENT # P02000034199



1. Entity Name
ANTHONY TILE & MARBLE, INC.

Principal Place of Business
**1477 SW 119TH AVE.
PEMBROKE PINES FL 33025**

Mailing Address
**1477 SW 119TH AVE.
PEMBROKE PINES FL 33025**



2. Principal Place of Business

3. Mailing Address

4435 SW 160 AVE #208.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
MIRAMAR FL 33027.

City & State

4. FEI Number
02-0573365

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GODOY, FELIX A
1477 SW 119TH AVE.
PEMBROKE PINES FL 33025**

Name

**GODOY, FELIX
4435 SW 160 AVE #208**

Street Address (P.O. Box Number is Not Acceptable)

City **MIRAMAR FL 33027 FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

[Signature]
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/11/03

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	GODOY, FELIX A	
STREET ADDRESS	1477 SW 119TH AVE.	
CITY-ST-ZIP	PEMBROKE PINES FL 33025	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	GUTIERREZ, BEATRIZ	
STREET ADDRESS	1477 SW 119TH AVE.	
CITY-ST-ZIP	PEMBROKE PINES FL 33025	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GODOY FELIX A	
STREET ADDRESS	4435 SW 160 AVE #208.	
CITY-ST-ZIP	MIRAMAR FL 33027-	
TITLE	V.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gutierrez BEATRIZ	
STREET ADDRESS	4435 SW 160 AVE #208.	
CITY-ST-ZIP	MIRAMAR FL 33027	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/11/03 (954) 801 9424
Date Daytime Phone #

CR2E034 (10/02)